

TENNESSEE DEPARTMENT OF SAFETY
Facilities and Equipment Inspection Report

COMPANY NAME: _____ OWNERS NAME: _____
ADDRESS: _____
TELEPHONE: _____ Day _____ Night _____
DATE OF INSPECTION: _____ DISTRICT: _____ COUNTY: _____

PRE-INSPECTION REQUIREMENTS

Towing Service Application On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver/Owner Requirements Satisfied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Requirements Satisfied and Certificates on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Copy of Tow/Storage Rates On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Information Disclosure Form On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor Bid Registration Form (TOPS) On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Until all of the above are satisfied, inspection of facility and equipment cannot be completed. Once satisfied, the pre-inspection requirement sections need not be completed again, regardless of number of wreckers to be inspected.

FACILITY/STORAGE REQUIREMENTS

To be completed only after all pre-inspection requirements are satisfied.

Storage Area Sufficient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver License File Of Employees Current	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Tow/Storage Rates Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staffed 8 a.m. to 5 p.m.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronological Listing Of Vehicles Towed and Charges Billed Current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility Requirements Satisfied	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to above, explain: _____

*Until all facility/storage requirements are satisfied, equipment inspection cannot be completed. Again, the facility/storage requirements section needs to be completed only once.

TOW TRUCK EQUIPMENT INSPECTION									
SEPARATE FORM TO BE COMPLETED FOR EACH TOW TRUCK INSPECTED									
PERMIT #	CLASS	MAKE	MODEL	VIN	PLATE	DECAL #	EXP. DATE		
COMPLETE FOR ALL CLASSES		COMPLETE FOR CLASS A ONLY			COMPLETE FOR CLASS C ONLY				
EQUIPMENT	SAT	UNSAT	EQUIPMENT	SAT	UNSAT	EQUIPMENT	SAT	UNSAT	
Amber Colored Light	<input type="checkbox"/>	<input type="checkbox"/>	Chassis 1 Ton			Chassis 3 ½ Tons			
Axe	<input type="checkbox"/>	<input type="checkbox"/>	14,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>	35,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>	
Bolt Cutters	<input type="checkbox"/>	<input type="checkbox"/>	Broom/Power Wench			Boom/Power Winch			
Company Name, & Address (3 Inch Letters)	<input type="checkbox"/>	<input type="checkbox"/>	Specifications 4 Ton	<input type="checkbox"/>	<input type="checkbox"/>	Specifications:			
Cradle Tow Plate or Tow Sling	<input type="checkbox"/>	<input type="checkbox"/>	Cable 100' 3/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single 25 Tons	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Dollies (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Double 12 ½ Tons	<input type="checkbox"/>	<input type="checkbox"/>	
20 lb. A.B.C. (UL) or (2) 10 lb.	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Lift (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Cable 200' 9/16 inch	<input type="checkbox"/>	<input type="checkbox"/>	
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>				Air Brakes (lock)	<input type="checkbox"/>	<input type="checkbox"/>	
Flood Lights	<input type="checkbox"/>	<input type="checkbox"/>				Tandem Drive Axle	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Absorption Compound (50 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETE FOR CLASS B ONLY			COMPLETE FOR CLASS D ONLY			
Heavy-Duty Push Broom	<input type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT	SAT	UNSAT	EQUIPMENT	SAT	UNSAT	
Pinchbar, Prybar, Crowbar	<input type="checkbox"/>	<input type="checkbox"/>	Chassis 1½ Tons	<input type="checkbox"/>	<input type="checkbox"/>	Chassis 1 Ton			
Portable Light Bar	<input type="checkbox"/>	<input type="checkbox"/>	26,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>	14,000 GVWR	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Chains	<input type="checkbox"/>	<input type="checkbox"/>	Boom/Power Winch			Lift Cylinder(s)			
Safety Restraint Straps	<input type="checkbox"/>	<input type="checkbox"/>	Specifications:			<input type="checkbox"/> Single 5 ½ inch Bore	<input type="checkbox"/>	<input type="checkbox"/>	
Shovel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single 16 Tons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Double 3 inch Bore each	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Double 8 Tons	<input type="checkbox"/>	<input type="checkbox"/>	Power Winch 4 Tons	<input type="checkbox"/>	<input type="checkbox"/>	
			Cable 200' 7/16 inch	<input type="checkbox"/>	<input type="checkbox"/>	Cable 50' 5/16 inch	<input type="checkbox"/>	<input type="checkbox"/>	
						Two (2) Safety Chains	<input type="checkbox"/>	<input type="checkbox"/>	
						For securing vehicle to bed	<input type="checkbox"/>	<input type="checkbox"/>	
						Carrier Bed 16' length	<input type="checkbox"/>	<input type="checkbox"/>	
						84" Inside Width	<input type="checkbox"/>	<input type="checkbox"/>	
						Cab Protector 4' above bed	<input type="checkbox"/>	<input type="checkbox"/>	

TOW TRUCK/EQUIPMENT REQUIREMENTS

To be completed only after pre-inspection, and facility storage requirements have been satisfied. Unlike the other two (2) sections, this section is to be completed for each tow truck inspected. Does tow truck/equipment ☐ Pass ☐ Fail
If passed, Department of Safety decal number _____ (Then place this number and expiration date in the Tow Truck Equipment Inspection Section.)
If failed, explain _____

Pursuant to the policies, procedures and regulations established by the Tennessee Department of Safety, this towing company has been inspected and satisfies all minimum requirements set forth.

Signature of Inspector

Date

Signature of Owner

Date

I approve that this towing company shall be used on the Tennessee Highway Patrol Call List and that the Communication Section has been notified.

Signature of District Captain

Date